FILED # K. Chouinard
Certified
AUG 2 2 2005

IN THE OFFICE OF 1548
DEAN HELLER, SECRETARY OF STATE

## **NEVADA FINANCIAL DISCLOSURE STATEMENT**

(Attach additional sheets if necessary.)

NAME ZAVID L. LOCK  MAILING ADDRESS 3601 DEODAR ST.  CITY, STATE, ZIP SILVER SPRINGS, NV  TELEPHONE 775-577-3215	LENGTH OF RESIDENCE IN NEVADA 7.5 985 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 8.5 985 NRS 281.571(1)(a)
List all public offices for which this financial disclosure stateme	ANNUAL all elected and appointed public officers after the last day appointed public
Public Office Annual SILVER SPRINGS STREE COACH COMPONENTS OF TRUSTES DE	204 FF0(4)(1)
\$\$ \$\$	
List all general sources of income for you and members of your  SOCIAL SECURITY  FIRESTENE PENSION  AMERICAN CENTRY FUND  U. S. SAVINGS BOND INTERES	Self Household Member    Self Household Member
List each creditor to whom you or a member of your household or deed of trust on real property which is not required to be listed vehicle for personal use was retained by seller   [NRS 281.571, Subsection of the content of the cont	ed below, and (2) debt for which a security interest in a motor
	Self Household Member

involved as a trustee, beneficiary of a trust, di a class of stock or security representing 1% of				
[NRS 281.571, Subsection 1(f)]:			Self	Household Member
NONE			图	$\boxtimes$
<u> </u>				
	****	· · · · · · · · · · · · · · · · · · ·		
			□	
يواليا والمستحدد				
List specific location and particular use of all				
your household has a legal or beneficial interestate or an adjacent state [NRS 281.571, Subsection 281.571	ist, (2) the lair market valu on 1(c)]:	e of which is \$2,500 or more;	and (3) locate	ea in this
Specific Location	. ,,	Particular (	Use	
NOWE		***	<del> </del>	
List the identity of depart and value of such wi	ff was a in a success of a			
List the identity of donor and value of each giduring the preceding taxable year [except (1)]				earee of
consanguinity or affinity; and (2) ceremonial gi	fts received for a birthday	, wedding, anniversary, holida	ay or other cer	emonial
occasion if the donor does not have a substant [NRS 281.571, Subsection 1(e)]:	tial interest in your legislati	ve, administrative, or political	action]	
• • •	Donor		Value of	Gift
NONE			\$	
			\$	
			\$ \$	· 100 a · · · · · · · · · · · · · · · · · ·
THE INFORMATION I HAVE PROVIDED HER	REIN IS ACCURATE AND	COMPLETE.		
Date: 8/17/05	Signature Olar Signature	2000AM		
4 /	organitation of the control of the c		<u> </u>	

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is

Revised 8/28/2003